# **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2005-2006

Legal Entity #	School Dist. #	School Name	County	Level		
0028	10	Chinook Elem	03	EL		
Proposed Restric	ted Indirect Cost Rat	e% (Round	to nearest hundredth	(X.XX%) of a percent.)		
	oe submitted for the ele	vith one copy of each applic ementary and high school di		-		
This is to certify tha knowledge and beli		ndirect cost rate proposal su	ıbmitted herewith an	d to the best of my		
allowable in accordance A-87, "Cost Principle	ance with the requiremes for State and Local	stablish the final indirect cos nents of the Federal award(s Governments." Unallowabl ermined Indirect Cost Allocat	) to which they apply e costs have been a	y and OMB Circular		
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.						
I declare that the foregoing is true and correct.						
Signature of Distri	regoing is true and cor ict Superintendent or		Address or P.O. B	ох		
				ox		
Signature of Distri	ct Superintendent or	Board Street		zip Code		
Signature of Distri Chairperson	ct Superintendent or	Board Street Box 10	059			
Signature of Distri Chairperson	ct Superintendent or	Board Street Box 10 City	059	Zip Code		
Signature of Distri Chairperson Printed Name of A Title	ct Superintendent or	Board Street  Box 10  City  Chino  Date  and Budgeting truction	059	Zip Code		
Signature of Distri Chairperson  Printed Name of A  Title  Send con	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	Board Street  Box 10  City  Chino  Date  and Budgeting truction	059 ok	<b>Zip Code</b> 59523		
Signature of Distri Chairperson  Printed Name of A  Title  Send con	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	Board Street  Box 10 City Chino Date  and Budgeting truction 0-2501  DR THE SUPERINTENDEN  Date A	059 ok	<b>Zip Code</b> 59523		

# **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2005-2006

	Helena, MT 59620-2501		Due May of	, 2000	
Legal Entity #	School Dist. #	School Name		County	Level
0029	10	Chinook H S		03	HS
Proposed Restric	cted Indirect Cost Rate	e%	(Round to nearest	hundredth (X.)	XX%) of a percent.)
	Complete and submit we be submitted for the electory or one countries.				
This is to certify the knowledge and beli	at I have reviewed the in ief:	ndirect cost rate prop	oosal submitted he	erewith and to	o the best of my
allowable in accord A-87, "Cost Princip	ed in this proposal to es lance with the requirem les for State and Local n the attached Predete	ents of the Federal a Governments." Una	award(s) to which allowable costs ha	they apply a ve been adju	nd OMB Circular
casual relationship accordance with ap have not been clair	ed in the proposal are p between the expenses oplicable requirements. ned as direct costs. In ublic Instruction will be	incurred and the ag Further, the same of addition, similar type	reements to which costs that have be es of costs have b	n they are allo en treated as een account	ocated in s indirect costs ed for consistently
	regoing is true and cor				
Signature of Distr Chairperson	ict Superintendent or	Board	Street Address	or P.O. Box	
Chanperson			Box 1059		
Printed Name of A	Authorized Official		City	Z	Zip Code
			Chinook	5	9523
Title			Date		
Send cor	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUB	LIC INSTRU	CTION BY:
Ар	proved Rate for FY20	006	Date Approved		
			Signature		

# **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2005-2006

	Helena, MT 59620-2501		Due May of	, 2000	
Legal Entity #	School Dist. #	School Name		County	Level
0030	12	Harlem Elem		03	EL
Proposed Restri	cted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)
	Complete and submit we be submitted for the electory roval of your rate.				
This is to certify the knowledge and bel	at I have reviewed the in lief:	ndirect cost rate prop	oosal submitted he	rewith and to	o the best of my
allowable in accord A-87, "Cost Princip	ed in this proposal to es dance with the requirem des for State and Local in the attached Predete	ents of the Federal a Governments." Una	award(s) to which allowable costs have	they apply a ve been adju	nd OMB Circular
casual relationship accordance with a have not been clair	ed in the proposal are posterior between the expenses oplicable requirements. In med as direct costs. In oublic Instruction will be expense.	incurred and the ag Further, the same of addition, similar type	reements to which costs that have been es of costs have be	they are allo en treated as een account	ocated in s indirect costs ed for consistently
	oregoing is true and cor				
Signature of Distr Chairperson	rict Superintendent or	Board	Street Address	or P.O. Box	
Onan person			PO Box 339		
Printed Name of A	Authorized Official		City	Z	Zip Code
			Harlem	5	95260339
Title			Date		
Send co	mpleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTE	O AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBI	LIC INSTRU	CTION BY:
Ар	oproved Rate for FY20	06	Date Approved		
			Signature		

# **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2005-2006

	Helena, MT 59620-2501		Due May of	, 2000	
Legal Entity #	School Dist. #	School Name		County	Level
0031	12	Harlem H S		03	HS
Proposed Restri	cted Indirect Cost Rat	e%	(Round to nearest I	hundredth (X.)	XX%) of a percent.)
	Complete and submit we be submitted for the electory roval of your rate.				
This is to certify the knowledge and be	at I have reviewed the in lief:	ndirect cost rate prop	oosal submitted he	erewith and to	o the best of my
allowable in accord A-87, "Cost Princip	ed in this proposal to es dance with the requirem des for State and Local in the attached Predete	ents of the Federal a Governments." Una	award(s) to which Illowable costs ha	they apply a ve been adju	nd OMB Circular
casual relationship accordance with a have not been clair	ed in the proposal are posterior between the expenses oplicable requirements. In med as direct costs. In oublic Instruction will be expense.	incurred and the ag Further, the same of addition, similar type	reements to which costs that have be es of costs have b	n they are allo en treated as een account	ocated in s indirect costs ed for consistently
	oregoing is true and cor				
Signature of Distriction Chairperson	rict Superintendent or	Board	Street Address	or P.O. Box	
Onan person			PO Box 339		
Printed Name of A	Authorized Official		City	Z	Zip Code
			Harlem	5	95260339
Title			Date		
Send co	mpleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTE	O AND APPROVED FO	R THE SUPERINTE	NDENT OF PUB	LIC INSTRU	CTION BY:
Aj	oproved Rate for FY20	006	Date Approved		
			Signature		

# **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2005-2006

Н	lelena, MT 59620-2501		Due May 01	, 2000	
Legal Entity #	School Dist. #	School Name		County	Level
0032	14	Cleveland Elem		03	EL
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	undredth (X.)	XX%) of a percent.)
	Complete and submit woe submitted for the electory oval of your rate.				
This is to certify tha knowledge and beli	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	o the best of my
allowable in accordance A-87, "Cost Principle	ed in this proposal to es ance with the requirem les for State and Local in the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	hey apply ar e been adju	nd OMB Circular
casual relationship accordance with ap have not been claim	ed in the proposal are p between the expenses plicable requirements. ned as direct costs. In ublic Instruction will be	incurred and the agr Further, the same of addition, similar type	reements to which osts that have been so of costs have be	they are allowed they are allowed the second the second to the second the sec	ocated in s indirect costs ed for consistently
	regoing is true and cor				
Signature of Distri Chairperson	ct Superintendent or	Board	Street Address	or P.O. Box	
•			Route 70 Box 70		
Printed Name of A	uthorized Official		City	Z	Zip Code
			Chinook	5	9523
Title			Date	1	
Send con	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	IC INSTRU	CTION BY:
Ар	proved Rate for FY20	06	Date Approved		
			Signature		

# **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2005-2006

Н	lelena, MT 59620-2501		Due May 01	, 2000	
Legal Entity #	School Dist. #	School Name		County	Level
0034	17	Zurich Elem		03	EL
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)
	Complete and submit woe submitted for the electory oval of your rate.				
This is to certify tha knowledge and beli	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	o the best of my
allowable in accordance A-87, "Cost Principle	ed in this proposal to es ance with the requirem les for State and Local in the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	hey apply ar e been adju	nd OMB Circular
casual relationship accordance with ap have not been claim	ed in the proposal are p between the expenses plicable requirements. ned as direct costs. In ublic Instruction will be	incurred and the agr Further, the same of addition, similar type	reements to which osts that have been so of costs have be	they are allowed they are allowed they are	ocated in s indirect costs ed for consistently
	regoing is true and cor				
Signature of Distri Chairperson	ct Superintendent or	Board	Street Address	or P.O. Box	
•			RR1 Box 53		
Printed Name of A	uthorized Official		City	Z	Zip Code
			Chinook	5	9523
Title			Date	1	
Send con	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	IC INSTRU	CTION BY:
Ар	proved Rate for FY20	06	Date Approved		
			Signature		

# **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2005-2006

Н	lelena, MT 59620-2501		Due May 01	, 2000	
Legal Entity #	School Dist. #	School Name		County	Level
0036	24	Lloyd Elem		03	EL
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)
	Complete and submit woe submitted for the electory oval of your rate.				
This is to certify tha knowledge and beli	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	o the best of my
allowable in accordance A-87, "Cost Principle	ed in this proposal to es ance with the requirem les for State and Local in the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	hey apply ar e been adju	nd OMB Circular
casual relationship accordance with ap have not been clain	ed in the proposal are p between the expenses plicable requirements. ned as direct costs. In ublic Instruction will be	incurred and the agr Further, the same of addition, similar type	reements to which osts that have been sof costs have be	they are allow treated as een account	ocated in s indirect costs ed for consistently
	regoing is true and cor				
Signature of Distri Chairperson	ct Superintendent or	Board	Street Address	or P.O. Box	
•			HC 70 Box 70		
Printed Name of A	uthorized Official		City	Z	Zip Code
			Chinook	5	9523
Title			Date	1	
Send con	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	IC INSTRU	CTION BY:
Ар	proved Rate for FY20	06	Date Approved		
			Signature		

# **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2005-2006

	Helena, MT 59620-2501		Duc May 01	, 2000	
Legal Entity #	School Dist. #	School Name		County	Level
0044	43	Turner Elem		03	EL
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	undredth (X.)	XX%) of a percent.)
	Complete and submit woe submitted for the electory of your rate.				
This is to certify tha knowledge and beli	at I have reviewed the in ef:	ndirect cost rate prop	osal submitted he	rewith and to	o the best of my
allowable in accord A-87, "Cost Principle	ed in this proposal to es ance with the requirem les for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	hey apply ar e been adju	nd OMB Circular
casual relationship accordance with ap have not been claim	ed in the proposal are p between the expenses oplicable requirements. ned as direct costs. In ublic Instruction will be	incurred and the agr Further, the same of addition, similar type	reements to which osts that have been so of costs have be	they are allowed they are allowed the second the second to the second the sec	ocated in s indirect costs ed for consistently
	regoing is true and cor				
Signature of Distri	ict Superintendent or	Board	Street Address	or P.O. Box	
•			Box 40		
Printed Name of A	authorized Official		City	Z	Zip Code
			Turner	5	9542
Title			Date	1	
Send con	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	IC INSTRU	CTION BY:
Ар	proved Rate for FY20	06	Date Approved		
			Signature		

# **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2005-2006

	lelena, MT 59620-2501		Duc May 01	, 2000	
Legal Entity #	School Dist. #	School Name		County	Level
0045	43	Turner H S		03	HS
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	undredth (X.)	XX%) of a percent.)
	Complete and submit woe submitted for the election of your rate.				
This is to certify tha knowledge and beli	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	o the best of my
allowable in accord A-87, "Cost Principle	ed in this proposal to es ance with the requirem les for State and Local in the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	hey apply ar e been adju	nd OMB Circular
casual relationship accordance with ap have not been claim	ed in the proposal are p between the expenses plicable requirements. ned as direct costs. In ublic Instruction will be	incurred and the ag Further, the same of addition, similar type	reements to which osts that have been so of costs have be	they are allowed they are treated as een accounted	ocated in s indirect costs ed for consistently
	regoing is true and cor				
Signature of Distri Chairperson	ict Superintendent or	Board	Street Address	or P.O. Box	
•			Box 40		
Printed Name of A	uthorized Official		City	Z	Zip Code
			Turner	5	9542
Title			Date		
Send con	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	IC INSTRU	CTION BY:
Ар	proved Rate for FY20	06	Date Approved		
			Signature		

# **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2005-2006

	Helena, MT 59620-2501		Due May 01,	2000	
Legal Entity #	School Dist. #	School Name		County	Level
0048	67	Bear Paw Elem		03	EL
Proposed Restric	cted Indirect Cost Rat	e%	(Round to nearest h	undredth (X.)	XX%) of a percent.)
	Complete and submit we be submitted for the electoroval of your rate.				
This is to certify that knowledge and bel	at I have reviewed the in ief:	ndirect cost rate prop	osal submitted her	ewith and to	o the best of my
allowable in accord A-87, "Cost Princip	ed in this proposal to es lance with the requirem les for State and Local in the attached Predete	ents of the Federal a Governments." Unal	ward(s) to which the lowable costs hav	ney apply a e been adju	nd OMB Circular
casual relationship accordance with a have not been clair	ed in the proposal are p between the expenses oplicable requirements. med as direct costs. In ublic Instruction will be	incurred and the agr Further, the same co addition, similar type	eements to which osts that have bee s of costs have be	they are allon treated as en accounto	ocated in s indirect costs ed for consistently
	oregoing is true and cor				
Signature of Distr Chairperson	ict Superintendent or	Board	Street Address of	r P.O. Box	
Chanperson			HC 70 Box 34		
Printed Name of A	Authorized Official		City	Z	Zip Code
			Chinook	5	59523
Title			Date		
Send cor	mpleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTE	O AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	IC INSTRU	CTION BY:
Aŗ	oproved Rate for FY20	06	Date Approved		
			Signature		

# **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2005-2006

Н	elena, MT 59620-2501		2 40	,	
Legal Entity #	School Dist. #	School Name		County	Level
1213	50	Hays-Lodge Pole K	I-12 Schls	03	K12
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)
	Complete and submit wo be submitted for the electory or a submitted for the electory or a submitted for the electory or a submitted for the complete and submitted for the complete for a submitted for the complete for a submitted for the complete for the complete for the complete for a submitted for a sub				
This is to certify that knowledge and believed.	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	o the best of my
allowable in accorda A-87, "Cost Principl	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	they apply ar ve been adju	nd OMB Circular
casual relationship accordance with ap have not been claim	d in the proposal are p between the expenses plicable requirements. ned as direct costs. In ablic Instruction will be	incurred and the agr Further, the same caddition, similar type	reements to which osts that have been soft costs have be	they are allo en treated as een accounte	ocated in s indirect costs ed for consistently
	regoing is true and cor				
Signature of Distri Chairperson	ct Superintendent or	Board	Street Address	or P.O. Box	
<u> </u>			PO Box 110		
Printed Name of A	uthorized Official		City	Z	ip Code
			Hays	5	9527
Title			Date		
Send com	npleted form to: School Accounting of Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	LIC INSTRU	CTION BY:
Ар	proved Rate for FY20	06	Date Approved		
			Signature		

# **CERTIFICATION FOR INDIRECT COST RATE**

For FY 2005-2006

H	elena, MT 59620-2501		Due May 31	, 2003	
Legal Entity #	School Dist. #	School Name		County	Level
1216	6	North Harlem Colo	ny Elem	03	EL
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.X	(X%) of a percent.)
	Complete and submit wo be submitted for the electory or a submitted for the electory or rate.				
This is to certify that knowledge and believed	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	the best of my
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	they apply an ve been adjus	d OMB Circular
casual relationship I accordance with apphave not been claim	d in the proposal are postween the expenses plicable requirements. ned as direct costs. In ablic Instruction will be	incurred and the agr Further, the same of addition, similar type	reements to which osts that have beens of costs have be	they are allo en treated as een accounte	cated in indirect costs d for consistently
	regoing is true and cor				
Signature of Distri- Chairperson	ct Superintendent or	Board	Street Address	or P.O. Box	
·			668 Hillcrest Roa		
Printed Name of A	uthorized Official		City	Z	ip Code
			Harlem	59	9526
Title			Date		
Send com	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBI	LIC INSTRUC	CTION BY:
Ар	proved Rate for FY20	06	Date Approved		
			Signature		